

5. Patient count: Maximum _____
Minimum _____
Average _____

6. Average daily number of out-patients (dialysis, day stay, and emergency patients):

SECTION B MEDICAL OPERATIONS

1. List water consumption in facility and estimate volume for each type of usage.

<u>Water Using Operation</u>	<u>Discharge gpd</u>
Cooling water	_____
Boiler Feed	_____
Sanitary system	_____
Other (Specify)	_____
Detail all other water using operations:	

2. List chemicals and solvents used or stored on premises. Indicate annual usage and if MSDS sheets are available.

3. Describe kitchen/food preparation; list number of areas of food preparation and detail any procedures to minimize wastewater discharge:

How many garbage grinders are used in the kitchen, if any _____

How is kitchen grease handled? _____

4. Describe any special procedures for handling hazardous or infectious wastes; supply names of haulers picking up wastes:

5. Radiology: List the number and type of x-ray processors. List the disposal method, volume, frequency and point of discharge for fixative, developer and rinsewaters.

6. Do any surgical or medical procedures performed at the facility result in sewer discharges? Yes _____ No _____
Estimated discharge flow per day _____

How are collected blood and body fluids disposed? _____

7. Are there any discharges from medical/surgical sterilization procedures?
Estimate quantity per day: _____
8. Laboratory/analytical equipment discharge; point of discharge and estimated quantity? _____

SECTION C PRETREATMENT

1. Is any form of pretreatment practiced at this facility? Describe in detail the type of pretreatment, wastestream treated and measured or estimated flows.

2. Provide any additional descriptive information (include drawings, plans, etc., if available)

SECTION D BOILER DISCHARGES

1. Is there any type of boiler pretreatment? What additives are used, how much, are MSDS sheets available?

2. What is the frequency and volume of boiler blowdown?

3. List any cooling water systems, discharge flow in gpd, recycle flow, etc.

SECTION E SIGNATORY REQUIREMENT

Name and title of responsible individual in charge of facility:

Signature: _____

Date: _____

XX

For Office Use Only

Received by: _____ *Date:* _____

Reviewed by: _____ *Date:* _____

Comments: